

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: (510) 337-1001 Concepción E. Lozano Batista Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200 Alameda, CA 94501-1091 <input checked="" type="checkbox"/> ATTORNEY FOR <input checked="" type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD		FOR RECORDER'S USE ONLY CASE NUMBER: C 08-01067 CW
NAME OF COURT: U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA MAILING ADDRESS: 450 Golden Gate Avenue CITY AND ZIP CODE: San Francisco, CA 94102 PHONE NUMBER:		
PLAINTIFF: The Board of Trustees for the Carpenters Health and Welfare Trust Fund for California DEFENDANT: Saul M. Cruz, et al.		
ABSTRACT OF JUDGMENT		

1. The ☒ judgment creditor ☐ assignee of record applied for an abstract of judgment and represents the following:

a. Judgment debtor's

Name and last known address
 Saul M. Cruz, Individually
 77 Anderson Street
 San Francisco, CA 94110

- e. ☒ Additional judgment debtors are shown on reverse.

Date: August 26, 2008

Concepción E. Lozano Batista
 (TYPE OR PRINT NAME)

b. Driver's license no. & state: ☒ Unknown

c. Social Security no.: ☒ Unknown

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address):


 (SIGNATURE OF APPLICANT OR ATTORNEY)

2. a. ☒ I certify that the following is a true and correct abstract of the judgment entered in this action.

b. ☐ A certified copy of the judgment is attached.

3. Judgment creditor (name): The Board of Trustees for the Carpenters Health and Welfare Trust Fund for California whose address appears on this form above the court's name.

4. Judgment debtor (full name as it appears in judgment):
 Saul M. Cruz, individually and dba SMC Modular Installation, Magdalena L. Cruz, individually and dba SMC Modular Installation

5. a. Judgment entered on (date): August 13, 2008

b. Renewal entered on (date):

c. Renewal entered on (date):

6. Total amount of judgment as entered or last renewed:
 \$ 320,142.42

7. ☐ An ☐ execution ☐ attachment lien is endorsed on the judgment as follows:

a. Amount: \$

b. In favor of (name and address):

8. A stay of enforcement has

a. ☒ not been ordered by the court

b. ☐ been ordered by the court effective until (date):

9. ☐ This judgment is an installment judgment.

Clerk, by , Deputy

Date Issued

9/4/08

PLAINTIFF: The Board of Trustees for the Carpenters Health
and Welfare Trust Fund for California
DEFENDANT: Saul M. Cruz, et al.

CASE NUMBER:
C 08-01067 CW

INFORMATION ON ADDITIONAL JUDGMENT DEBTORS

10. Name and last known address
Saul M. Cruz, dba SMC Modular Installation
77 Anderson Street
San Francisco, CA 94110

Driver's license no. & state: ☒ Unknown
Social Security no.: ☒ Unknown
Summons was personally served at or mailed to (address):

11. Name and last known address
Magdalena L. Cruz, individually
77 Anderson Street
San Francisco, CA 94110

Driver's license no. & state: ☒ Unknown
Social Security no.: ☒ Unknown
Summons was personally served at or mailed to (address):

12. Name and last known address
Magdalena L. Cruz, dba SMC Modular
Installation
77 Anderson Street
San Francisco, CA 94110

Driver's license no. & state: ☒ Unknown
Social Security no.: ☒ Unknown
Summons was personally served at or mailed to (address):

13. Name and last known address
SMC Modular Installation
77 Anderson Street
San Francisco, CA 94110

Driver's license no. & state: ☒ Unknown
Social Security no.: ☒ Unknown
Summons was personally served at or mailed to (address):

14. Name and last known address

Driver's license no. & state: ☐ Unknown
Social Security no.: ☐ Unknown
Summons was personally served at or mailed to (address):

15. Name and last known address

Driver's license no. & state: ☐ Unknown
Social Security no.: ☐ Unknown
Summons was personally served at or mailed to (address):

16. Name and last known address

Driver's license no. & state: ☐ Unknown
Social Security no.: ☐ Unknown
Summons was personally served at or mailed to (address):

17. Name and last known address

Driver's license no. & state: ☐ Unknown
Social Security no.: ☐ Unknown
Summons was personally served at or mailed to (address):

18. ☐ Continued on attachment 18.